SENDER: COMPLETE THIS SECTION DOCL	IN COMPLETE THIS SECTION ON DELIVERY Page
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
1. Article Addressed to:	□ D. He delivery address different from item 1? □ Yes If YES, enter delivery address below: □ No
Claude O. McCartney	
Director	
:- · · ·	Division
Adult Education and Skills Training D	
Adult Education and Skills Training D 1701 LaFayette Parkway	3. Service Type
Adult Education and Skills Training D	
Adult Education and Skills Training D 1701 LaFayette Parkway	3. Service Type ☐ Certified Mail ☐ Express Mail

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004